

**Miami-Dade County**  
**Wire Transfers Authorized Signatures**

For Department/Agency: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT DIRECTOR

\_\_\_\_\_  
DEPARTMENT DIRECTOR NAME  
(PLEASE PRINT OR TYPE)

**Return by, Monday, September 25, 2006**

**Return to:** Dania D. Timmons, Finance Department, 111 N.W. 1<sup>st</sup> Street - Suite 2620.

This form lists the names of the individual(s) authorized by the department director to sign wire transfers for the department.

This authorization, unless changed due to employee transfers, terminations or re-assignment of duties, will be effective for fiscal year ending September 30, 2007.

Any changes due to transfers, terminations or re-assignment must be reported immediately to the Finance Department. Please make a **brief footnote on the form** explaining the cause/reason for the change(s). Only a change in department director will require the completion of a new authorization form in its **entirety**.

This signature authorization form is retained in departmental order for auditing purposes in the Finance Department, Controller's Division - Accounts Payable Unit. The individuals listed below have authority to approve the disbursement of budgeted funds via a wire transfer, for fiscal year ending September 30, 2007.

<u>NAME</u> <u>TYPE OR PRINT</u>	<u>DEPT.</u> <u>NO.</u>	<u>DIV.</u> <u>NO.</u>	<u>SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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